



C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

# IDAHO DEPARTMENT OF HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
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January 31, 2012

Curtis Maier, Administrator  
St. Benedicts Family Medical Center  
PO Box 586  
Jerome, Idaho 83338

RE: St. Benedicts Family Medical Center, Provider ID# 131310

Dear Mr. Maier:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at St Benedicts Family Medical Center, on January 26, 2012.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567; listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Curtis Maier, Administrator  
January 31, 2012  
Page 2 of 2

After each deficiency has been answered and dated, the administrator should sign both the CMS Form 2567 and State Form in the spaces provided on the bottom of the first pages of each of the respective forms and return the originals to this office by **February 13, 2012.**

Thank you for the courtesies extended to me during my visit. If you have any questions, please call our office at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'MPG', followed by a long horizontal line extending to the right.

MARK P. GRIMES  
Supervisor  
Facility Fire Safety and Construction Program

MPG/lj

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 01/31/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  131310	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED  01/26/2012
NAME OF PROVIDER OR SUPPLIER <b>ST BENEDICTS FAMILY MEDICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>709 NORTH LINCOLN AVENUE JEROME, ID 83338</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>The hospital building is a single story structure with a partially finished basement that was originally constructed in 1951. The basic construction type for the hospital building is protected non-combustible. Since its original construction, the building has undergone several renovations and a major addition to the ED/Radiology/Main entry. The building is provided with partial sprinkler coverage in portions of the lower (i.e., basement) level and on the main level in the ED/Radiology/Main Entry addition only. There are two exits from each level to grade plus additional exits to the exterior from the main level at dietary service, the Radiology suite, and the ED Suite. Interior finish of corridors is class A and emergency power is provided by an on-site diesel powered automatic generator set.</p> <p>The following deficiencies were cited during the annual fire/life safety survey conducted on January 26, 2012. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, in accordance with 42 CFR 485.623.</p> <p>In addition to the standard Life Safety Code requirements, the facility was evaluated based upon the Fire Safety Evaluation System /Health Care (FSES/HC) in lieu of K130 Existing dead end corridor.</p> <p>The Survey was conducted by:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction</p>	K 000	<p>K000 Please accept this plan of correction as St. Luke's Jerome SLJ allegation of compliance</p>	3/1/12
K 038	NFPA 101 LIFE SAFETY CODE STANDARD	K 038	See next page...	

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FEB 09 2012

FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 038	<p>Continued From page 1</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This Standard is not met as evidenced by: Based on observation and interview, it was determined that the facility had not ensured exit access was readily accessible at all times. This deficiency can entrap people and prevent egress from the identified exit. The facility had a census of five patients on the day of the survey. This deficiency affected all patients, staff and visitors present on the day of the survey.</p> <p>Findings include:</p> <p>During a tour of the facility on January 26, 2012 at 1:35 PM, observation of the emergency room revealed a set of glass sliding exit doors that were covered in plastic sheathing. When questioned about the plastic covering the exit, the Maintenance Supervisor stated that the plastic had been placed over the doors to prevent cold air and drafts from entering the room.</p> <p>Actual NFPA Standard:</p> <p>NFPA 101® Life Safety Code ® 2000 Edition Chapter 19 Existing Health Care Occupancies 19.2 MEANS OF EGRESS REQUIREMENTS 19.2.1 General. Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7.</p> <p>7.1.10 Means of Egress Reliability.</p>	K 038	<p>K 038</p> <p>The plastic sheathing covering the glass sliding exit door will be removed.</p> <p>Exit access shall be assessed by Maintenance to ensure exits are readily accessible, will not entrap people and will not prevent egress from identified exit.</p> <p>The findings will be shared with Maintenance, Environmental Services, Emergency staff and department managers by 2/23/12.</p> <p>Exit access shall continue to be monitored on a daily basis. A specific performance improvement indicator shall be tracked by Maintenance for at least 3 consecutive months to ensure the entrance/exit is open 100% of the time.</p>	3/1/12

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K 038	Continued From page 2 7.1.10.1* Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.	K 038			
K 077	NFPA 101 LIFE SAFETY CODE STANDARD  Piped in medical gas systems comply with NFPA 99, Chapter 4.  This Standard is not met as evidenced by: Based on observation and interview it was determined that the facility did not ensure that compressed gas cylinders were properly secured in accordance with NFPA 99. Cylinders that are not properly secured could fall over and possibly rupture. The facility had a census of five patients on the day of survey. This deficiency affected all patients, staff and visitors on the day of the survey.  Findings include:  During the tour of the facility on January 26, 2012 at 1:20 PM, observation of the medical gas storage manifold room revealed one K sized oxygen cylinder, two T sized Nitrogen cylinders, two K sized Nitrous Oxide cylinders, and one K sized Helium cylinder that were not individually secured. When questioned about the cylinders the Maintenance Supervisor stated that he was unaware that the cylinders were required to be individually secured.  Actual NFPA Standard:  NFPA 99 Standard for Health Care Facilities 1999 Edition	K 077	K 077  The identified cylinders will be secured individually.  Respiratory Therapy will conduct an assessment of all compressed gas cylinder storage to ensure each tank is individually secured.  The findings will be shared with Maintenance, Environmental Services, Nursing, Respiratory Therapy and department managers by 2/23/12.  Compressed gas cylinder storage will be monitored on a daily basis. A specific performance improvement indicator shall be tracked by Respiratory Therapy for at least 3 consecutive months to ensure the gas cylinders will be individually secured 100% of the time.	3/1/12	

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NAME OF PROVIDER OR SUPPLIER  
**ST BENEDICTS FAMILY MEDICAL CENTER**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**709 NORTH LINCOLN AVENUE  
JEROME, ID 83338**

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K 077	Continued From page 3 4-3 Level 1 Piped Systems. 4-3.1 Piped Gas Systems (Source and Distribution) - Level 1. 4-3.1.1* Source - Level 1. 4-3.1.1.1 Cylinder and Container Management. Cylinders in service and in storage shall be individually secured and located to prevent falling or being knocked over. (a) * Cylinders or supply containers shall be constructed, tested, and maintained in accordance with the U.S. Department of Transportation specifications and regulations. (b) Cylinder contents shall be identified by attached labels or stencils naming the components and giving their proportions. Labels and stencils shall be lettered in accordance with CGA Pamphlet C-4, Standard Method of Marking Portable Compressed Gas Containers to Identify the Material Contained. (c) Contents of cylinders and containers shall be identified by reading the labels prior to use. Labels shall not be defaced, altered, or removed.	K 077		
K 130	NFPA 101 MISCELLANEOUS  OTHER LSC DEFICIENCY NOT ON 2786  This Standard is not met as evidenced by: Based on observation the facility did not assure that all exit access corridors did not have a dead-end corridor exceeding thirty feet. The facility had a census of five patients on the day of survey. This deficiency affected no patients and eleven staff in one of three smoke compartments.  Findings includes:  During the tour of the facility on January 26, 2012	K 130	K130  Based on FSES/HC, equivalency is achieved and no plan of correction is required.	3/1/12

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K 130	Continued From page 4 at 1:40 PM, observation of the west wing revealed one of three exit access corridors (i.e., west wing) on the main level was observed with a dead-end corridor exceeding thirty feet in length. Although enclosed stairs are located at the end of the west wing, the stair discharges into the lower level lobby area of the attached LTCU which has use areas not one-hour separated so as to form a rated stairway enclosure (i.e., exit passageway) to the exterior.	K 130			
K 147	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2  This Standard is not met as evidenced by: Based on observation the facility did not ensure that electrical wiring and equipment usage was in accordance with NFPA 70 and NFPA 99. Utilizing series connected electrical components can lead to overloaded wiring and start a fire. The facility had a census of five patients on the day of survey. This deficiency affected no patients and eleven staff members in one of three smoke compartments.  Findings include:  During the tour of the facility on January 26, 2012 at 1:28 PM, observation of the CT electrical room revealed a relocatable power tap plugged into another relocatable power tap underneath the computer desk. This was observed and noted by the Maintenance Supervisor and Surveyor.  Actual NFPA Standard:  NFPA 99 Standard for Health Care Facilities	K 147	See next page...		

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K 147	<p>Continued From page 5</p> <p>1999 Edition</p> <p>3-3.2.1.2 All Patient Care Areas.</p> <p>Minimum Number of Receptacles. The number of receptacles shall be determined by the intended use of the patient care area. There shall be sufficient receptacles located so as to avoid the need for extension cords or multiple outlet adapters.</p> <p>NFPA 70 National Electrical Code 1999 Edition 400-3. Suitability</p> <p>Flexible cords and cables and their associated fittings shall be suitable for the conditions of use and location.</p> <p>110-3. Examination, Identification, Installation, and Use of Equipment</p> <p>(a) Examination. In judging equipment, considerations such as the following shall be evaluated:</p> <ol style="list-style-type: none"> <li>1. Suitability for installation and use in conformity with the provisions of this Code</li> </ol> <p>FPN: Suitability of equipment use may be identified by a description marked on or provided with a product to identify the suitability of the product for a specific purpose, environment, or application. Suitability of equipment may be evidenced by listing or labeling.</p> <ol style="list-style-type: none"> <li>2. Mechanical strength and durability, including, for parts designed to enclose and protect other equipment, the adequacy of the protection thus provided</li> <li>3. Wire-banding and connection space</li> <li>4. Electrical insulation</li> <li>5. Heating effects under normal conditions of use and also under abnormal conditions likely to arise in service</li> <li>6. Arcing effects</li> <li>7. Classification by type, size, voltage, current capacity, and specific use</li> <li>8. Other factors that contribute to the practical</li> </ol>	K 147	<p>K147</p> <p>The power tap plugged into another relocatable power tap underneath the computer desk in CT was corrected 2/7/12 by having a licensed electrician install an additional receptacle.</p> <p>Maintenance shall conduct an environmental assessment throughout the medical center to ensure like situations are not in practice in other areas. This assessment will be documented and include a review of sufficient receptacles to avoid the need for extension cords or multiple outlet adapters.</p> <p>The findings will be shared with Maintenance, Environmental Services, Radiology and department managers by 2/23/12.</p> <p>Electrical wiring and equipment in accordance with the National Electrical Code will be monitored on a monthly basis. A specific performance improvement indicator shall be tracked by Maintenance for at least 3 consecutive months to ensure compliance.</p>	3/1/12



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NAME OF PROVIDER OR SUPPLIER <b>ST BENEDICTS FAMILY MEDICAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>709 NORTH LINCOLN AVENUE JEROME, ID 83338</b>		
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K 147	<p>Continued From page 6</p> <p>safeguarding of persons using or likely to come in contact with the equipment</p> <p>(b) Installation and Use. Listed or labeled equipment shall be installed and used in accordance with any instructions included in the listing or labeling.</p> <p>UL 1363</p> <p><b>RELOCATABLE POWER TAPS (XBYS)</b> Relocatable Power TapsXBYS USE AND INSTALLATION</p> <p>This category covers relocatable power taps rated 250 V ac or less, 20 A or less. They are intended for indoor use as relocatable multiple outlet extensions of a single branch circuit to supply laboratory equipment, home workshops, home movie lighting controls, musical instrumentation, and to provide outlet receptacles for computers, audio and video equipment, and other equipment. They consist of one attachment plug and a single length of flexible cord terminated in a single enclosure in which one or more receptacles are mounted. They may, in addition, be provided with fuses or other supplementary overcurrent protection, switches, suppression components and/or indicator lights in any combination, or connections for cable, communications, telephone and/or antenna. Relocatable power taps are intended to be directly connected to a permanently installed branch circuit receptacle. Relocatable power taps are not intended to be series connected (daisy chained) to other relocatable power taps or to extension cords.</p> <p>Relocatable power taps are not intended for use at construction sites and similar locations.</p> <p>Relocatable power taps are not intended to be permanently secured to building structures, tables, work benches or similar structures, nor</p>	K 147			

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K 147	Continued From page 7 are they intended to be used as a substitute for fixed wiring. The cords of relocatable power taps are not intended to be routed through walls, windows, ceilings, floors or similar openings. Relocatable power taps have not been investigated and are not intended for use with general patient care areas or critical patient care areas of health care facilities as defined in Article 517 of ANSI/NFPA 70, "National Electrical Code."	K 147			

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## Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  131310	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED  01/26/2012
NAME OF PROVIDER OR SUPPLIER  ST BENEDICTS FAMILY MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 709 NORTH LINCOLN AVENUE JEROME, ID 83338		
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B 000	<p>16.03.14 Initial Comments</p> <p>The hospital building is a single story structure with a partially finished basement that was originally constructed in 1951. The basic construction type for the hospital building is protected non-combustible. Since its original construction, the building has undergone several renovations and a major addition to the ED/Radiology/Main entry. The building is provided with partial sprinkler coverage in portions of the lower (i.e., basement) level and on the main level in the ED/Radiology/Main Entry addition only. There are two exits from each level to grade plus additional exits to the exterior from the main level at dietary service, the Radiology suite, and the ED Suite. Interior finish of corridors is class A and emergency power is provided by an on-site diesel powered automatic generator set.</p> <p>The following deficiencies were cited during the annual fire/life safety survey conducted on January 26, 2012. The facility was surveyed in accordance with IDAPA 16.03.14 and the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy.</p> <p>In addition to the standard Life Safety Code requirements, the facility was evaluated based upon the Fire Safety Evaluation System /Health Care (FSSES/HC) in lieu of K130 Existing dead end corridor.</p> <p>The survey was conducted by:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction</p>	B 000	<p>See K038, K077, K130, K147</p> <p><b>RECEIVED</b> FEB 09 2012 FACILITY STANDARDS</p>	

Idaho form

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

STATE FORM

021199

JOIQ21

If continuation sheet 1 of 2

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## Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  131310	(X2) MULTIPLE CONSTRUCTION: A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED  01/26/2012
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BB161	Continued From Page 1	BB161		
BB161	<p>16.03.14.510 Fire and Life Safety Standards</p> <p>Buildings on the premises used as a hospital shall meet all the requirements of local, state, and national codes concerning fire and life safety that are applicable to hospitals. General Requirements. General requirements for the fire and life safety standards for a hospital are that:</p> <p>The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public. On the premises of all hospitals where natural or man-made hazards are present, suitable fences, guards, and railings shall be provided to protect patients, employees, and the public. This Rule is not met as evidenced by: Refer to Federal K tags on the CMS 2567;</p> <ol style="list-style-type: none"> <li>1. K038 Exit access.</li> <li>2. K077 Cylinder storage.</li> <li>3. K147 Power strips.</li> <li>4. K130 Dead end corridors.</li> </ol>	BB161		

Idaho form

STATE FORM

021199

J01Q21

If continuation sheet 2 of 2